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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						107088588		
						APPLICANT(S)		
CLAIMS								
CLM.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1		1			51	
2	1	1	1	1			52	
3	1	1	1	1			53	
4	3	3	3	3	3		54	
5	3	3	3	3	3		55	
6	3	3	3	3	3		56	
7	1	1	1	1	1		57	
8	1	1	1	1	1		58	
9	1	1	1	1	1		59	
10	1	1	1	1	1		60	
11	4	4	4	4	4		61	
12	2	2	2	2	2		62	
13	5	5	5	5	5		63	
14	5	5	5	5	5		64	
15	1	1	1	1	1		65	
16	1	1	1	1	1		66	
17	1	1	1	1	1		67	
18	1	1	1	1	1		68	
19	1	1	1	1	1		69	
20	1	1	1	1	1		70	
21	1	1	1	1	1		71	
22	1	1	1	1	1		72	
23	1	1	1	1	1		73	
24	1	1	1	1	1		74	
25	1	1	1	1	1		75	
26	3	3	3	3	3		76	
27	3	3	3	3	3		77	
28	3	3	3	3	3		78	
29	1	1	1	1	1		79	
30	1	1	1	1	1		80	
31	1	1	1	1	1		81	
32	1	1	1	1	1		82	
33	1	1	1	1	1		83	
34	1	1	1	1	1		84	
35	1	1	1	1	1		85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL CLM.		2		2			TOTAL IND.	
TOTAL DEP.		100		100			TOTAL DEP.	
TOTAL AMBS		102		102			TOTAL CLAIMS	